

Workshop Information Cover Sheet

Instructions to the Group Leaders: Please provide the requested details about this Workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.

1.	Site Name:					
	Address: City:					
2.		es (Please provid	le full first an	d last names. laytime phone) If we may contact you with	
	First Name	Last Name			_)	
			☐ Staff o	or teer? Ph: (_)	
3.	Workshop Start Date ((mm/dd/yyyy): _		/		
	End Date	(mm/dd/yyyy): _	/	/		
4.	Did you offer a "Session session. Not all works Yes No Don't know			ession 0" is a	n optional pre-workshop	
5.	What type of workshop	ρ is this? (Mark α	only one.)			
		rol de su Salud (Management Pro rol de su Diabete anagement Prog	Spanish CDS ogram (DSMF es (Spanish I Iram (ASMP)	SMP) P) DSMP)	ΛP)	
					Please turn over	
For	Survey Coordinator Use Host Organization Name					
	Funding Source for this		A CDC Ar	thritis Program	☐ Both AoA/CDC ☐ Other	

Workshop Information Cover Sheet—continued

6.	Number of participants enrolled, attending at least 1 session *:
7.	Number of participants who completed at least 4 sessions *: * Excluding "Session 0"
8.	Number of Participant Information Surveys included in the returned packet:
	If the number of forms is fewer than the number of participants noted in #6 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):
	orms Checklist Examples ample instructions if Group Leaders will return all forms at one time:
S.	ease return the following forms to the Survey Coordinator (contact information below) within hours after the final session:
PI 48	ease return the following forms to the Survey Coordinator (contact information below) within hours after the final session: □ This Workshop Information Cover Sheet

[Survey Coordinator Contact Info]